

NOTICE OF REVISION (NOR)		1. DATE (YYYYMMDD) 20011210		Form Approved OMB No. 0704-0188	
THIS REVISION DESCRIBED BELOW HAS BEEN AUTHORIZED FOR THE DOCUMENT LISTED					
The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.					
2. PROCURING ACTIVITY NO.					
3. DODAAC					
4. ORIGINATOR		b. ADDRESS (Street, City, State, Zip Code)		5. CAGE CODE	
a. TYPED NAME (First, Middle Initial, Last) MICHAEL R. BROWN		U.S. ARMY TACOM WARREN, MI 48397-5000		19207	
				7. CAGE CODE 19207	
9. TITLE OF DOCUMENT CAP-PILLOW BLOCK			10. REVISION LETTER		6. NOR NO. 2-5
			a. CURRENT ORIGINAL		8. DOCUMENT NO. 11648697
			b. NEW A		11. ECP NO. TAC-GA-1045
12. CONFIGURATION ITEM (OR SYSTEM) TO WHICH ECP APPLIES M809					
13. DESCRIPTION OF REVISION					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CHANGE FROM:</p> </div> <div style="width: 45%;"> <p>TO:</p> </div> </div>					
14. THIS SECTION FOR GOVERNMENT USE ONLY					
a. (X one)		<input checked="" type="checkbox"/> (1) Existing document supplemented by this NOR may be used in manufacture. <input type="checkbox"/> (2) Revised document must be received before manufacturer may incorporate this change. <input type="checkbox"/> (3) Custodian of master document shall make above revision and furnish revised document.			
b. ACTIVITY AUTHORIZED TO APPROVE CHANGE FOR GOVERNMENT			c. TYPED NAME (First, Middle Initial, Last)		
d. TITLE PACKAGING SPECIALIST		e. SIGNATURE <i>Michael R. Brown</i>		f. DATE SIGNED (YYYYMMDD) 20011210	
15.a. ACTIVITY ACCOMPLISHING REVISION		b. REVISION COMPLETED (Signature)		c. DATE SIGNED (YYYYMMDD)	